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## COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name LOPEZ ERIK A  
 (Last) (First) (Initial)

Prisoner Number K99196

Institutional Address DVZ P.O. Box 6000 Tracy Ca 95328

UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

ERIK Aboud Lopez  
 (Enter the full name of plaintiff in this action)

vs.

C.W. Funn, S.R. Moore  
Dr. Fox - HCM - DVZ  
Constance Collins, John Hall, Diane  
Grey - Jackson Parole Dept I  
 (Enter the full name of the defendant(s) in this action)

Case No. **08 4140**

(To be provided by the Clerk of Court)

COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 Title 42 U.S.C § 1983

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies.

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement DVZ Prct DVZ

B. Is there a grievance procedure in this institution?

YES ☒ NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ☒ NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal DUI-X-06-02447 DUI-X-06-01956  
DUI-X-06-01800 DUI-X-08-01951 DUI-X-08  
-01873

2. First formal level DUI-X-06-02447 DUI-X-06-01956  
DUI-X-06-01800 DUI-X-08-01951 DUI-X-08-  
01873

3. Second formal level DUI-X-08-01951 - DUI-X-06-019  
56 - DUI-X-06-02447 DUI-X-06-01800

4. Third formal level DUI-X-08-01800 DUI-X-06-01956  
DUI-X-06-02447 - EXHAUSTED REMEDIES HAVE  
BEEN MET AT THIRD LEVEL

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why.

## II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

ERIK ABULOR Lopez P.O. Box 600 Tracy Ca 95378-0600 D.V.I

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

Sgt Moore / CWFinn  
Tracy DUI - P.O. Box 600  
Tracy Ca 95378  
 COMPLAINT

Stockton Parole Del I  
Caridace Collins  
John Hall  
DRANE 2 - GREY  
Stockton Parole Del I  
Stockton Ca  
95207

DL Fox HCM  
DVI Medical Clinic  
Tracy Ca 95378  
P.O. Box 600 -  
95378-0600

1 Crew Finn D.V.I. Sir Moore - Acting Warden - D.V.I.  
 2 Candace Collins, John Hall, Duane Lopez - Stockton Parole Dev I  
 3 Dr Fox - H-C-M under Plata vs Davis Tracy Medical Clinic

4  
 5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each  
 7 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
 8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
 9 separate numbered paragraph.

10 Crew Finn <sup>Actual</sup> Sir Moore Assoc Warden I Warden Action Toward Any  
 11 Relief Medical at a severely broken Hand, by UNLOCK PROCESS  
 12 Medication and Medical Treatment, 6-1-05 to 6-08-08 by  
 13 Racial Lock-down. Candace Collins, John Hall, Duane Lopez  
 14 Supervisors - due to Injury - I was Revoked of Parole - And  
 15 Continuous Revocations due to Retaliation and Denial of Responsibility  
 16 To the Health and Welfare of Inmate Lopez - by Revocation  
 17 and Retaliation No Dr Fox D.V.I. Tracy - Medical Clinic - Faulty  
 18 Practice and Procedures that further Risked the Health of  
 19 Inmate Lopez and Resulted in an Amputation of Lopez  
 20 Middle Finger by Negligence in unlock - Medical Practices  
 21 and Retaliation for filing a Complaint against an officer

22  
 23 IV. Relief.

24 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
 25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 To find thru - Motion of Discovery - by UNANIMOUS  
 27 OR Trial by Jury, that ALL ACTIONS of Wrong Doing  
 28 And Malice, of Correctional Staff, Medical, Parole

1 Religion # I be duly found Responsible, And be dealt  
2 With in an official and unoffical Capacity in the Court  
3 of Law, And Hold All those named in the Court of Law  
4 Liabale for actions rendered Against Inmate Lopez

5 I declare under penalty of perjury that the foregoing is true and correct.

6  
7 Signed this 29<sup>th</sup> day of June, 2008

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10 (Plaintiff's signature)  
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## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO.)

I.(a) PLAINTIFFS ERIK MANUEL LOPEZ  
State Prisoner

DEFENDANTS CW Finn - S.R. Moore / DVI  
Constance Collins, John Hill, Diane - Stockton  
Parole Prisoner I  
Dr. for HCA - DVI - Medical Clinic

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF San Joaquin  
(EXCEPT IN U.S. PLAINTIFF CASES)

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT  
(IN U.S. PLAINTIFF CASES ONLY) San Joaquin  
NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

## II. BASIS OF JURISDICTION (PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- |   | PTF                                   | DEF                        |   | PTF                        | DEF                        |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

- ☒ Original Proceeding
- ☐ Removed from State Court
- ☐ Remanded from Appellate Court
- ☐ Reinstated or Reopened
- ☐ Transferred from Another district (specify)
- ☐ Multidistrict Litigation
- ☐ Appeal to District Judge from Magistrate Judgment

## V. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

| CONTRACT  | TORTS  | FORFEITURE/PENALTY  | BANKRUPTCY  | OTHER STATUTES   |
|---|--|---|---|--|
| <input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders Suits<br><input type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault Libel & Slander<br><input type="checkbox"/> 330 Federal Employers Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><b>PERSONAL INJURY</b><br><input checked="" type="checkbox"/> 362 Personal Injury Med Malpractice<br><input type="checkbox"/> 365 Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability<br><b>PERSONAL PROPERTY</b><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 610 Agriculture<br><input type="checkbox"/> 620 Other Food & Drug<br><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 630 Liquor Laws<br><input type="checkbox"/> 640 RR & Truck<br><input type="checkbox"/> 650 Airline Regs<br><input type="checkbox"/> 680 Occupational Safety/Health<br><input type="checkbox"/> 690 Other<br><b>LABOR</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Mgmt Relations<br><input type="checkbox"/> 730 Labor/Mgmt Reporting & Disclosure Act<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Empl. Rel. Inc. Security Act | <input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 840 Trademark<br><b>SOCIAL SECURITY</b><br><input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))<br><b>FEDERAL TAX SUITS</b><br><input type="checkbox"/> 870 Taxes (US Plaintiff or Defendant)<br><input type="checkbox"/> 871 IRS - Third Party 26 USC 7609 | <input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 410 Antitrust<br><input type="checkbox"/> 430 Banks and Banking<br><input type="checkbox"/> 450 Commerce/ICC Rates/etc.<br><input type="checkbox"/> 460 Deportation<br><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations<br><input type="checkbox"/> 810 Selective Service<br><input type="checkbox"/> 850 Securities/Commodities/Exchange<br><input type="checkbox"/> 875 Customer Challenge 12 USC 3410<br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 892 Economic Stabilization Act<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 894 Energy Allocation Act<br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice<br><input type="checkbox"/> 950 Constitutionality of State Statutes<br><input type="checkbox"/> 990 Other Statutory Actions |
| <b>REAL PROPERTY</b><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property  | <b>CIVIL RIGHTS</b><br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing<br><input type="checkbox"/> 444 Welfare<br><input type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 445 Amer w/ disab - Empl<br><input type="checkbox"/> 446 Amer w/ disab - Other<br><input type="checkbox"/> 480 Consumer Credit<br><input type="checkbox"/> 490 Cable/Satellite TV   | <b>PRISONER PETITIONS</b><br><input type="checkbox"/> 510 Motion to Vacate Sentence Habeas Corpus:<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><input type="checkbox"/> 540 Mandamus & Other<br><input type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition   |   |  |

VI. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION DEMAND \$ ☒ CHECK YES only if demanded in complaint:  
UNDER F.R.C.P. 23 JURY DEMAND: ☒ YES ☐ NO

VIII. RELATED CASE(S) IF ANY PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)

(PLACE AND "X" IN ONE BOX ONLY)

☒ SAN FRANCISCO/OAKLAND

☐ SAN JOSE

DATE

SIGNATURE OF ATTORNEY OF RECORD

Erik Lopez (your name)

K99196 (CDC #)

P.O. Box 600

Tracy, CA 95378-0600

In Pro per

DISTRICT ATTORNEY'S OFFICE  
SUPERIOR COURT DEPT  
STOCKTON CA 222 E WEDDER AVE  
95202

CASE NO. \_\_\_\_\_

**PROOF OF SERVICE BY MAIL**

I am a citizen of the United States and a resident of the state of California. I'm incarcerated in a California Prison. I'm over the age of 18 years, and a party to the within action.

I served the following document to each of the persons named below at the address shown. By placing a true copy in a sealed envelope with postage fully prepaid in the U.S. Mail at the Institutional mailroom.

**DOCUMENT:**

**PARTIES SERVED:**

I declare under penalty of perjury the above statements are true and correct. This document executed on the 29 Day of July 20008, in the city of Tracy, San Joaquin County, California. By: Erik Lopez print your name

SIGNED: \_\_\_\_\_

**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

Name LOPEZ ERIK A  
 (Last) (First) (Initial)

Prisoner Number K-99196

Institutional Address P.O. Box 600 Tracy Ca 95378-0600

**UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA**

ERIK ALVARO LOPEZ  
 (Enter the full name of plaintiff in this action.)

vs.

Case No. \_\_\_\_\_  
 (To be provided by the Clerk of Court)

C.W. Finn - S.R. Moore - DVI

Candace Collins, John Hall, Duane Grey

De Fox Medical - H-C-M

John Hall, Duane Grey, Candace Collins, Jack Taylor, Parole  
 (Enter the full name of the defendant(s) in this action)

**COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 Title 42 U.S.C § 1983**

**[All questions on this complaint form must be answered in order for your action to proceed..]**

I. Exhaustion of Administrative Remedies.

**[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement DEVEL Vocational Institution

B. Is there a grievance procedure in this institution?

YES (☒) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (☒) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal DUI-X-02447 DUI-X-06-01956

DUI-X-06-01800

2. First formal level DUI-X-06-02447 DUI-X-06-01956  
DUI-X-06-02447

3. Second formal level DUI-X-06-02447 DUI-X-06-01956  
DUI-X-06-01800

4. Third formal level DUI-X-06-02447 DUI-X-06-01956  
DUI-X-06-01800

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why.

## II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

ERIK AGUILAR LOPEZ - P.O. Box 600 Tracy Ca 95378-0600

P.O. Box 1051 - Petitionary to the state Stockton Ca 95202

Under ERIK LOPEZ as the PETITIONER Against the state

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

Devel Vocational Inst  
Tracy Ca  
P.O. Box 600 - 95378-0600  
COMPLAINT  
C.W. FURN  
S.R. Moore

Stockton Police  
Division I  
Candace Collins  
John Hall  
Diane Galey - 2-

DUI Medical Clinic  
Dr Fox - H.C.M  
Tracy Ca  
P.O. Box 600  
95378-0600



1 Warden - C.W. Finn S/R Moore acting warden  
 2 Parole Agent - Candace Collins John Hall Diane Grey  
 3 O.V. T. Medical facility Clinic H.C.M.  
 4 Dr Fox P.C. Mauline Medical Clinic

5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each  
 7 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
 8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
 9 separate numbered paragraph.

10 C.W. Finn S/R Moore - DENIED Medical Relief Deprivation due PROCESS  
 11 Treatment of broken Hand that led to Amputation due to failure  
 12 to Allow INMATE due PROCESS Medical Relief/Correctional staff Harassment  
 13 By Candace Collins John Hall - DIANE GREY - failure to comply  
 14 to the needs of Parolee by Retaliation/Coercion - And failure to up  
 15 hold the responsibilities of Health/safety of Parolee/INMATE Welfare.  
 16 from 06-01-05 to 06-08-08 By continued Retaliation in Punitive  
 17 Parolee, showing Lack of Responsibility for Parolee.  
 18 Dr Fox OVI-TRACY - Medical Clinic - Practices and Procedures that had  
 19 been Applied, Jeopardized the Health and safety and Welfare of  
 20 INMATE LOPEZ K99196 AND RESULTED in the Amputation, of Limb  
 21 on Right Hand Middle finger AS WELL AS Jeopardizing the Health  
 22 and safety of INMATE LOPEZ

23 IV. Relief.

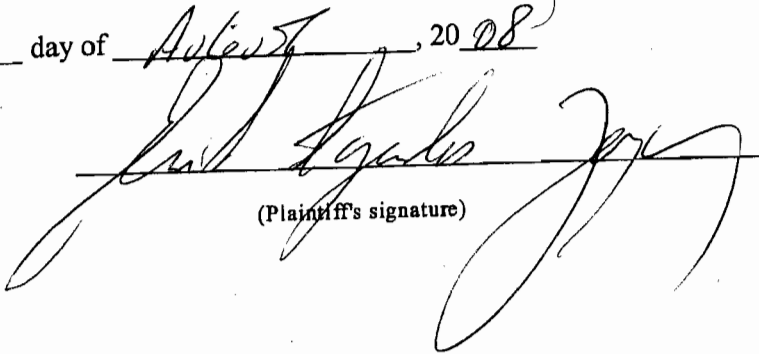
24 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
 25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 I REQUEST for A Motion in Discovery - DECISION RENDERED IN  
 27 TRIAL BY JURY that ALL actions of Negligence and Malice  
 28 of Correctional Staff, Medical And Parole Region SUPERVISION be duly

1 found Responsible for their Actions And Be Dealt with in an  
2 official Capacity AS well AS for Personal Conflict with in the  
3 Courts of Law And to Hold ALL those Named And others fully Liable  
4 for actions, or failure of Response to Health/Safety of Innocent/Parade

5 I declare under penalty of perjury that the foregoing is true and correct.

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7 Signed this 29th day of August, 2008

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(Plaintiff's signature)

JS 44 - CAND (Rev. 11/04)

## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO.)

## I.(a) PLAINTIFFS

Erik Aboulae Lopez  
UNDER PETITION

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF SAN JOAQUIN  
(EXCEPT IN U.S. PLAINTIFF CASES)

## DEFENDANTS

C.W. Finn - Sr. Moore D.V.I  
Caradace Collins, John Hall Diane Grey  
Stockton Parole  
De Tox H-C-M Medical Clinic D.V.I. Team

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT SAN JOAQUIN  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

## II. BASIS OF JURISDICTION (PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff  
☐ 2 U.S. Government Defendant  
☐ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- |   | PTF                                   | DEF                        |   | PTF                        | DEF                        |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

- ☒ Original Proceeding  
☐ Removed from State Court  
☐ Remanded from Appellate Court  
☐ Reinstated or Reopened  
☐ Transferred from Another district (specify)  
☐ Multidistrict Litigation  
☐ Appeal to District Judge from Magistrate Judgment

## V. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

| CONTRACT   | TORTS   | FORFEITURE/PENALTY  | BANKRUPTCY  | OTHER STATUTES   |
|--|---|---|---|--|
| <input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders Suits<br><input type="checkbox"/> 180 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault Libel & Slander<br><input type="checkbox"/> 330 Federal Employers Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><b>PERSONAL INJURY</b><br><input type="checkbox"/> 362 Personal Injury Med Malpractice<br><input type="checkbox"/> 365 Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability<br><b>PERSONAL PROPERTY</b><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 610 Agriculture<br><input type="checkbox"/> 620 Other Food & Drug<br><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 630 Liquor Laws<br><input type="checkbox"/> 640 RR & Truck<br><input type="checkbox"/> 650 Airline Regs<br><input type="checkbox"/> 660 Occupational Safety/Health<br><input type="checkbox"/> 690 Other<br><b>LABOR</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Mgmt Relations<br><input type="checkbox"/> 730 Labor/Mgmt Reporting & Disclosure Act<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Empl.Re.L. Inc. Security Act | <input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 840 Trademark<br><b>SOCIAL SECURITY</b><br><input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))<br><b>FEDERAL TAX SUITS</b><br><input type="checkbox"/> 870 Taxes (US Plaintiff or Defendant)<br><input type="checkbox"/> 871 IRS - Third Party 26 USC 7609 | <input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 410 Antitrust<br><input type="checkbox"/> 430 Banks and Banking<br><input type="checkbox"/> 450 Commerce/ICC Rates/etc.<br><input type="checkbox"/> 460 Deportation<br><input type="checkbox"/> 470 Racketeer (Influenced and Corrupt Organizations)<br><input type="checkbox"/> 610 Selective Service<br><input type="checkbox"/> 850 Securities/Commodities/Exchange<br><input type="checkbox"/> 875 Customer Challenge 12 USC 3410<br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 892 Economic Stabilization Act<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 894 Energy Allocation Act<br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice<br><input type="checkbox"/> 950 Constitutionality of State Statutes<br><input type="checkbox"/> 890 Other Statutory Actions |
| <b>REAL PROPERTY</b><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property   | <b>CIVIL RIGHTS</b><br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing<br><input type="checkbox"/> 444 Welfare<br><input type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 445 Amer w/ disab - Empl<br><input type="checkbox"/> 446 Amer w/ disab - Other<br><input type="checkbox"/> 480 Consumer Credit<br><input type="checkbox"/> 490 Cable/Satellite TV  | <b>PRISONER PETITIONS</b><br><input type="checkbox"/> 510 Motion to Vacate Sentence Habeas Corpus:<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><input type="checkbox"/> 540 Mandamus & Other<br><input checked="" type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition  |   |  |

VI. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION DEMAND \$ 10 ☐ CHECK YES only if demanded in complaint:

UNDER F.R.C.P. 23

JURY DEMAND: ☒ YES ☐ NO

VIII. RELATED CASE(S) IF ANY PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

## IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)

(PLACE AND "X" IN ONE BOX ONLY)

☒ SAN FRANCISCO/OAKLAND

☐ SAN JOSE

DATE

SIGNATURE OF ATTORNEY OF RECORD

Erik Abelard Lopez

(your name)

K 99196

(CDC #)

P.O. Box 600

Tracy, CA 95378-0600

In Pro per

Dr Fox - H-C-M Associates

Tracy Medical Clinic

Tracy Ca 95378-0600

CASE NO. \_\_\_\_\_

**PROOF OF SERVICE BY MAIL**

I am a citizen of the United States and a resident of the state of California. I'm incarcerated in a California Prison. I'm over the age of 18 years, and a party to the within action.

I served the following document to each of the persons named below at the address shown. By placing a true copy in a sealed envelope with postage fully prepaid in the U.S. Mail at the Institutional mailroom.

**DOCUMENT:**

**PARTIES SERVED:**

I declare under penalty of perjury the above statements are true and correct. This document executed on the 31 Day of August 2008, in the city of Tracy, San Joaquin County, California. By: Erik Lopez print your name

SIGNED: \_\_\_\_\_



**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

Name LOPEZ ERIK A  
 (Last) (First) (Initial)

Prisoner Number K-99196

Institutional Address DEVEL Vocational Institute P.O. Box 600 Tracy Ca  
95378-0600

**UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA**

ERIK ABULAY LOPEZ  
 (Enter the full name of plaintiff in this action.)

former warden vs. active warden  
C.W. Finn / S.R. Moore

DR. FOX-HCM DVI Clinic RC

Candace Collins, John Hall

DIANE LOPEY - Jackson Parole  
 (Enter the full name of the defendant(s) in this action)

Case No. \_\_\_\_\_  
 (To be provided by the Clerk of Court)

**COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 Title 42 U.S.C § 1983**

**[All questions on this complaint form must be answered in order for your action to proceed..]**

I. Exhaustion of Administrative Remedies.

**[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement D.V.I Tracy DEVEL Vocational

B. Is there a grievance procedure in this institution?

YES ☒ NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ☒ NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.



1. Informal appeal DVI-X-06-02447 DVI-X-06-01956  
DVI-X-06-01800

2. First formal level DVI-X-06-02447 DVI-X-06-01956  
DVI-X-06-01800 EXHAUSTED REMEDIES

3. Second formal level DVI-X-06-02447 DVI-X-06-0195  
-6 DVI-X-06-01800 EXHAUSTED REMEDIES  
HAVE BEEN MET AT third final LEVEL-DENIED

4. Third formal level DVI-X-06-02447 DVI-X-06-01956  
DVI-X-06-01800 EXHAUSTED REMEDIES HAVE BEEN  
MET AT third LEVEL-DENIED

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (X) NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why.

## II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

ERIK ABUILAR LOPEZ P.O. Box 6000 Tuley, CA 95378-0600  
DEVEL Vocational Institute

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

DEVEL Vocational Institute  
S.R. Moore CWS firm  
COMPLAINT DVI-medical clinic  
Tuley Ca H/C M  
P.O. Box 6000  
95378-0600

Stockton Parole Division  
CAUDACE COLLINS  
-2-  
John Hall / DIANE GREY  
Stockton Parole  
95267

Devel Vocational Inst.  
Dr. Fox - H/C M  
Tuley Ca  
P.O. Box 6000  
95378-0600

1 C.W. Finn S.R. Moore Warden/Associate Warden D.V.I.  
 2 CANDACE COLLINS John Hall DIANE GREY - Parole Region #1  
 3 STOCKTON, CA 95207  
 4 Dr. FOX - DVI Medical Clinic H.C.M.

5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each  
 7 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
 8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
 9 separate numbered paragraph.

10 C.W. Finn - S.R. Moore - DENIED Medical Relief DEPRIVAL due  
 11 PROCESS TREATMENT OF BROKEN HAND THAT LED TO AMPUTATION  
 12 due TO FAILURE TO ALLOW INMATE due PROCESS OF Medical Relief  
 13 DEPRIVAL/HARASSMENT by Candace Collins John Hall - Diane  
 14 GREY - failure to comply to the needs of Parolee by Retaliation/COERCI  
 15 ON - AND failure of RESPONSIBILITIES Health/Safety of Parolee AND WELL  
 16 ARE from 06-01-05 to 06-08-08 by REVOCATION, RETALIATION, DENIAL  
 17 of RESPONSIBILITY of Parolee

18 Dr. FOX - DVI TRACY - MEDICAL CLINIC - PRACTICE AND PROCEDURES  
 19 THAT HAD BEEN APPLIED, JEOPARDIZED THE HEALTH AND SAFETY AND  
 20 WELFARE OF INMATE LOPEZ K99196 AND REQUESTED OR RESULTED IN THE  
 21 AMPUTATION OF LIMB ON RIGHT HAND MIDDLE FINGER AS WELL AS JEOPARDIZ  
 22 ING THE HEALTH AND SAFETY OF INMATE LOPEZ.

23 IV. Relief.

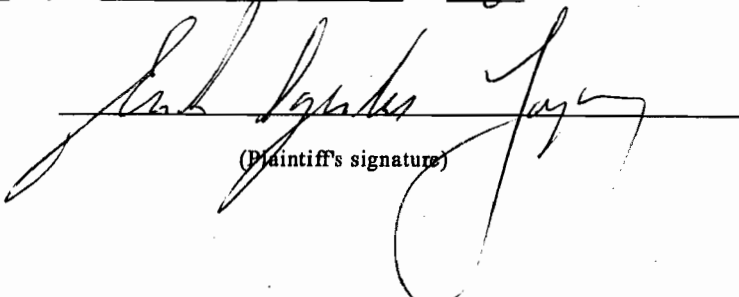
24 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
 25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 I REQUEST for A MOTION in DISCOVERY - DECISIONS RENDERED in TRIAL  
 27 BY JURY THAT ALL ACTIONS OF WRONG DOING AND MALICE OF  
 28 CORRECTIONAL STAFF MEDICAL AND Parole Region SUPERVISION be duly found

1 Responsible, and Be Dealt with in an official capacity as well  
2 as for Personal conflict with in the Court of Law, And To  
3 Hold ALL those named and others fully liable for actions rendered  
4 or failure of response to the Health/safety of inmates/prisoners

5 I declare under penalty of perjury that the foregoing is true and correct.

6  
7 Signed this 29th day of August, 2008

8  
9   
10 (Plaintiff's signature)  
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JS 44 - CAND (Rev. 11/04)

## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO.)

I.(a) PLAINTIFFS ERIK ALVARO LOPEZ  
UNDER PETITION

DEFENDANTS CW FINN - FORMER - ACTING  
CANDACE COLLINS, John Hall, DIANE GREY -  
STOCKTON, Parole & DEVISION I  
Dr Fox - H-C-M Medical Clinic TRACT C  
COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

## II. BASIS OF JURISDICTION (PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff  
☐ 3 Federal Question (U.S. Government Not a Party)  
☒ 2 U.S. Government Defendant  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- |   | PTF                                   | DEF                        |   | PTF                        | DEF                        |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

- ☒ Original Proceeding  
☐ Removed from State Court  
☐ Remanded from Appellate Court  
☐ Reinstated or Reopened  
☐ Transferred from Another district (specify)  
☐ Multidistrict Litigation  
☐ Appeal to District Judge from Magistrate Judgment

## V. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

| CONTRACT  | TORTS  |   | FORFEITURE/PENALTY   | BANKRUPTCY  | OTHER STATUTES   |
|---|--|---|--|---|--|
| <input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders Suits<br><input type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault Libel & Slander<br><input type="checkbox"/> 330 Federal Employers Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 362 Personal Injury Med Malpractice<br><input type="checkbox"/> 365 Personal Injury Product Liability<br><input type="checkbox"/> 366 Asbestos Personal Injury Product Liability<br><b>PERSONAL PROPERTY</b><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 610 Agriculture<br><input type="checkbox"/> 620 Other Food & Drug<br><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 630 Liquor Laws<br><input type="checkbox"/> 640 RR & Truck<br><input type="checkbox"/> 650 Airline Rags<br><input type="checkbox"/> 660 Occupational Safety/Health<br><input type="checkbox"/> 690 Other<br><b>LABOR</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Mgmt Relations<br><input type="checkbox"/> 730 Labor/Mgmt Reporting & Disclosure Act<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Empl.Rel. Inc. Security Act | <input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 840 Trademark<br><b>SOCIAL SECURITY</b><br><input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))<br><b>FEDERAL TAX SUITS</b><br><input type="checkbox"/> 870 Taxes (US Plaintiff or Defendant)<br><input type="checkbox"/> 871 IRS - Third Party 26 USC 7609 | <input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 410 Antitrust<br><input type="checkbox"/> 430 Banks and Banking<br><input type="checkbox"/> 450 Commerce/ICC Rates/etc.<br><input type="checkbox"/> 460 Deportation<br><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations<br><input type="checkbox"/> 810 Selective Service<br><input type="checkbox"/> 850 Securities/Commodities/Exchange<br><input type="checkbox"/> 875 Customer Challenge 12 USC 3410<br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 892 Economic Stabilization Act<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 894 Energy Allocation Act<br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice<br><input type="checkbox"/> 950 Constitutionality of State Statutes<br><input type="checkbox"/> 890 Other Statutory Actions |
| <b>REAL PROPERTY</b><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property  | <b>CIVIL RIGHTS</b><br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing<br><input type="checkbox"/> 444 Welfare<br><input type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 445 Amer w/ disab - Empl<br><input type="checkbox"/> 446 Amer w/ disab - Other<br><input type="checkbox"/> 480 Consumer Credit<br><input type="checkbox"/> 490 Cable/Satellite TV   | <b>PRISONER PETITIONS</b><br><input type="checkbox"/> 510 Motion to Vacate Sentence Habeas Corpus:<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><input type="checkbox"/> 540 Mandamus & Other<br><input checked="" type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition  |  |   |  |

VI. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION DEMAND \$ 7 CHECK YES only if demanded in complaint:  
UNDER F.R.C.P. 23 JURY DEMAND: ☒ YES ☐ NO

VIII. RELATED CASE(S) IF ANY PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)

(PLACE AND "X" IN ONE BOX ONLY)

☒ SAN FRANCISCO/OAKLAND

☐ SAN JOSE

DATE

SIGNATURE OF ATTORNEY OF RECORD



ERIK ABOUILAR LOPEZ (your name)

K99196 (CDC #)

P.O. Box 600

Tracy, CA 95378-0600

In Pro per SAN JOAQUIN COUNTY

STOCKTON SUPERIOR COURT

222 E WEBER AVE

Stockton Ca

95202

To: SOR MOORE / COWFURN D.V.I. INST.

CASE NO. \_\_\_\_\_

**PROOF OF SERVICE BY MAIL**

I am a citizen of the United States and a resident of the state of California. I'm incarcerated in a California Prison. I'm over the age of 18 years, and a party to the within action.

I served the following document to each of the persons named below at the address shown. By placing a true copy in a sealed envelope with postage fully prepaid in the U.S. Mail at the Institutional mailroom.

**DOCUMENT:**

**PARTIES SERVED:**

I declare under penalty of perjury the above statements are true and correct. This document executed on the 31 Day of August 2008, in the city of Tracy, San Joaquin County, California. By: ERIK LOPEZ print your name

SIGNED: \_\_\_\_\_



**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

Name LOPEZ ERIK A  
 (Last) (First) (Initial)

Prisoner Number K-99196

Institutional Address DEVEL Vocational INST Pro Box 600 Tracy Ca 95378-0600

**UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA**

ERIK ABUILAR LOPEZ  
 (Enter the full name of plaintiff in this action.)

vs.

C W Finn / SR MOORE  
DR- for - DVI  
Candace Collins, DIANE GREY  
John Hall Stockton Parole  
 (Enter the full name of the defendant(s) in this action)

Case No. \_\_\_\_\_  
 (To be provided by the Clerk of Court)

**COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 Title 42 U.S.C § 1983**

**[All questions on this complaint form must be answered in order for your action to proceed..]**

**I. Exhaustion of Administrative Remedies.**

**[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement DVI-TRACY DEVEL Vocational

B. Is there a grievance procedure in this institution?

YES (X) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (X) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1 Informal appeal DVI-X-06-02447, DVI-X-06-01956  
DVI-X-06-01800

2  
 3  
 4 2. First formal level DVI-X-06-02447, DVI-X-06-01956  
DVI-X-06-01800 EXHAUSTED REMEDIES

5  
 6  
 7 3. Second formal level DVI-X-06-02447, DVI-X-06-01956  
DVI-X-06-01800

8  
 9  
 10 4. Third formal level DVI-X-06-02447 DVI-X-06-01956  
DVI-X-06-01800 EXHAUSTED REMEDIES  
 11 HAVE BEEN MET AT Third LEVEL - DENIED

12  
 13 E. Is the last level to which you appealed the highest level of appeal available to  
 14 you?

15 YES ☒ NO ( )

16 F. If you did not present your claim for review through the grievance procedure,  
 17 explain why.

18  
 19  
 20 II. Parties.

21 A. Write your name and your present address. Do the same for additional plaintiffs,  
 22 if any.

23 ERIK ABUILLAS LOPEZ P.O. Box 6000 Tracy Ca 95378-  
 24 0600 DEVEL Vocational Institute

25  
 26 B. Write the full name of each defendant, his or her official position, and his or her  
 27 place of employment.

|                                      |                                 |                           |
|--------------------------------------|---------------------------------|---------------------------|
| 28 <u>DEVEL Vocational Institute</u> | <u>Stockton Parade Division</u> | <u>DVI Medical Clinic</u> |
| <u>S.W. MOORE / C.W. FRY</u>         | <u>CANDACE COLLINS</u>          | <u>DR. FOX</u>            |
| <u>DR. FOX - DVI Medical Clinic</u>  | <u>John Hall / DAVE GREY</u>    | <u>Tracy Ca</u>           |
| <u>COMPLAINT</u>                     | <u>KASSON Rd</u>                | <u>P.O. Box 6000</u>      |
| <u>Tracy Ca</u>                      | <u>Stockton Ca</u>              | <u>95378-0600</u>         |
| <u>P.O. Box 6000</u>                 | <u>-2- 95207</u>                |                           |
| <u>95378-0600</u>                    |                                 |                           |

1 C.W. Funn S.R. Moore - Warden/Associate Warden D.V.T.  
 2 Candace Collins John Hall Diane Lopez - Parole Region DEU-1  
 3 Stockton, Ca  
 4 Dr Fox DVI Medical Clinic HMO - H-C-M

5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each  
 7 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
 8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
 9 separate numbered paragraph.

10 C.W. Funn S.R. Moore - Denied Medical Relief DePRIVAL due Process  
 11 Treatment of broken Hand that led to Amputation due to Failure  
 12 to Allow Inmate due Process of Medical Relief/Harrassment  
 13 Candace Collins, John Hall, Diane Lopez - Failure to Comply  
 14 to the needs of Parolee, Retaliation, Coercion - And Failure of Res  
 15 Ponsability Health/Safety of Parolee and Welfare from 6-1-05 to 6-8-08  
 16 by Revocation, Retaliation, Denial of Responsibility of Parolee  
 17 Dr Fox - DVI Tracy - Medical Clinic - Practice And Procedures  
 18 that had been Applied Jeopardized the Health and Safety  
 19 and Welfare of Inmate Lopez K99196 And Resulted in the  
 20 Amputation of Limb on Right Hand Middle Finger as well  
 21 as Jeopardizing the Health and Safety of Inmate Lopez and  
 22 others - due to unprofessionalism

23 IV. Relief.

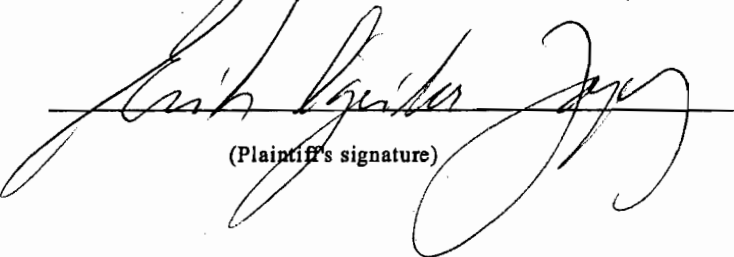
24 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
 25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 I Request for a Motion of Discovery - Decision in Trial  
 27 By A Jury that All actions of Wrong Doing and Malice  
 28 of Correctional Staff, Medical, Parole Region be duly found

1 RESPONSIBLE, AND BE DEALT WITH IN AN OFFICIAL CAPACITY  
2 AS WELL AS UNOFFICIAL CAPACITY OF COLOR OF PROFESSION AS WELL  
3 AS FOR PERSONAL CONFLICT WITHIN THE COURT OF LAW, AND TO HOLD  
4 ALL THOSE NAMED AND OTHERS FULLY LIABLE FOR ACTIONS RENDERED

5 I declare under penalty of perjury that the foregoing is true and correct.

6  
7 Signed this 27th day of AUGUST, 2008

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11 (Plaintiff's signature)  
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JS 44 - CAND (Rev. 11/04)

## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO.)

I.(a) PLAINTIFFS ERIK AGUILAR LOPEZ  
UNDER PETITION

DEFENDANTS CW Finn SR MOORE D.V.I  
LANDACE COLLINS, John Hall DIANE GREY  
STOCKTON PUBLIC DEFENDITION  
DR FOX HMO - MEDICAL CLINIC TERRY CH

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF SAN JOAQUIN  
(EXCEPT IN U.S. PLAINTIFF CASES)

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT SAN JOAQUIN  
(IN U.S. PLAINTIFF CASES ONLY)  
NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

## II. BASIS OF JURISDICTION (PLACE AN "X" IN ONE BOX ONLY)

☐ 1 U.S. Government Plaintiff

☐ 3 Federal Question (U.S. Government Not a Party)

☒ 2 U.S. Government Defendant

☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

Citizen of This State ☒ 1 PTF ☐ 1 DEF

Citizen of Another State ☐ 2 ☐ 2

Citizen or Subject of a Foreign Country ☐ 3 ☐ 3

Incorporated or Principal Place of Business in This State ☐ 4 ☐ 4

Incorporated and Principal Place of Business in Another State ☐ 5 ☐ 5

Foreign Nation ☐ 6 ☐ 6

## IV. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

☒ Original Proceeding

☐ Removed from State Court

☐ Remanded from Appellate Court

☐ Reinstated or Reopened

☐ Transferred from Another district (specify)

☐ Multidistrict Litigation

☐ Appeal to District Judge from Magistrate Judgment

## V. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

| CONTRACT   | TORTS  | FORFEITURE/PENALTY  | BANKRUPTCY  | OTHER STATUTES   |
|--|--|---|---|--|
| <input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 180 Stockholders Suits<br><input type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault Libel & Slander<br><input type="checkbox"/> 330 Federal Employers Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><b>PERSONAL INJURY</b><br><input checked="" type="checkbox"/> 362 Personal Injury Med Malpractice<br><input type="checkbox"/> 365 Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability<br><b>PERSONAL PROPERTY</b><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 610 Agriculture<br><input type="checkbox"/> 620 Other Food & Drug<br><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 630 Liquor Laws<br><input type="checkbox"/> 640 RR & Truck<br><input type="checkbox"/> 650 Airline Regs<br><input type="checkbox"/> 660 Occupational Safety/Health<br><input type="checkbox"/> 690 Other<br><b>LABOR</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Mgmt Relations<br><input type="checkbox"/> 730 Labor/Mgmt Reporting & Disclosure Act<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Empl./Rel. Inc. Security Act | <input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 840 Trademark<br><b>SOCIAL SECURITY</b><br><input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DRWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))<br><b>FEDERAL TAX SUITS</b><br><input type="checkbox"/> 870 Taxes (US Plaintiff or Defendant)<br><input type="checkbox"/> 871 IRS - Third Party 26 USC 7609 | <input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 410 Antitrust<br><input type="checkbox"/> 430 Banks and Banking<br><input type="checkbox"/> 450 Commerce/ICC Rates/etc.<br><input type="checkbox"/> 460 Deportation<br><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations<br><input type="checkbox"/> 810 Selective Service<br><input type="checkbox"/> 850 Securities/Commodities/Exchange<br><input type="checkbox"/> 875 Customer Challenge 12 USC 3410<br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 892 Economic Stabilization Act<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 894 Energy Allocation Act<br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice<br><input type="checkbox"/> 950 Constitutionality of State Statutes<br><input type="checkbox"/> 890 Other Statutory Actions |
| <b>REAL PROPERTY</b><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property   | <b>CIVIL RIGHTS</b><br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing<br><input type="checkbox"/> 444 Welfare<br><input type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 445 Amer w/ disab - Empl<br><input type="checkbox"/> 446 Amer w/ disab - Other<br><input type="checkbox"/> 480 Consumer Credit<br><input type="checkbox"/> 490 Cable/Satellite TV   | <b>PRISONER PETITIONS</b><br><input type="checkbox"/> 510 Motion to Vacate Sentence Habeas Corpus:<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><input type="checkbox"/> 540 Mandamus & Other<br><input checked="" type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition  |   |  |

VI. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION DEMAND \$ 57 CHECK YES only if demanded in complaint: JURY DEMAND ☒ YES ☐ NO

UNDER F.R.C.P. 23

VIII. RELATED CASE(S) IF ANY PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

## IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)

(PLACE AND "X" IN ONE BOX ONLY)

☒ SAN FRANCISCO/OAKLAND

☐ SAN JOSE

DATE

SIGNATURE OF ATTORNEY OF RECORD



Erik Lopez A (your name)

K99196 (CDC #)

P.O. Box 600

Tracy, CA 95378-0600

In Pro per

CANDACE COLLINS, John Hall  
DIANE GREY - STOCKTON PAROLE, DEW I  
STOCKTON CA 95207 )

P.O. Box 600 Tracy CA )  
Tracy CA 95378-0600 )

CASE NO. \_\_\_\_\_

**PROOF OF SERVICE BY MAIL**

I am a citizen of the United States and a resident of the state of California. I'm incarcerated in a California Prison. I'm over the age of 18 years, and a party to the within action.

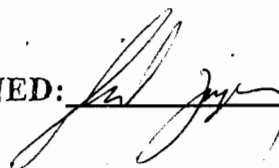
I served the following document to each of the persons named below at the address shown. By placing a true copy in a sealed envelope with postage fully prepaid in the U.S. Mail at the Institutional mailroom.

**DOCUMENT:**

**PARTIES SERVED:**

I declare under penalty of perjury the above statements are true and correct. This document executed on the 31 Day of August 2008, in the city of Tracy, San Joaquin County, California. By: Erik Lopez print your name

SIGNED: \_\_\_\_\_



**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

Name LOPEZ ERIK A  
 (Last) (First) (Initial)

Prisoner Number K-99196

Institutional Address DVI P.O. Box 600 Tracy Ca 95378-0600

**UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA**

ERIK ABRILAR LOPEZ  
 (Enter the full name of plaintiff in this action.)

vs.

Case No. \_\_\_\_\_  
 (To be provided by the Clerk of Court)

C. W. Finn S. R. MOORE  
Dr Fox - H.C.M.  
Condace Collins, Diane Lopez, John Hall  
Parade Robinson  
 (Enter the full name of the defendant(s) in this action)

**COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 Title 42 U.S.C § 1983**

**[All questions on this complaint form must be answered in order for your action to proceed.]**

**I. Exhaustion of Administrative Remedies.**

**[Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement DVI Tracy Ca

B. Is there a grievance procedure in this institution?

YES ☒ NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ☒ NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal DVI-X-08-01951 DVI-X-06-01956  
DVI-X-06-02447 DVI-X-06-01800 DVI-X-  
06-01873-HCM-ADA  
 2. First formal level ALL the ABOVE

3. Second formal level ADA-DVI-X-08-01873  
Legal DVI-X-06-01956 - Legal DVI-X-06-01800  
DVI-X-06-02447 Harassment ISSUES  
 4. Third formal level DVI-X-06-02447 DVI-X-06-01800  
DVI-X-06-01956 DVI-X-08-01873

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why.

## II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

ERIK ALVARADO PERZ P.O. Box 600 Tracy, CA 95378-0600

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

DVI-Devel Vocational Inst  
Tracy Ca 95378  
C.W. Finn - Sil Moore  
COMPLAINT

Stockton Parole  
REGION I Parole  
Candace Collins  
John Hall  
Diane GLEY

DVI-Medical-HCM  
Tracy Ca -  
DR FOX - HCM  
ADA -  
Tracy Ca 95378-0600  
P.O. Box 600 -

Warden)

Prior/Previous <sup>Warden</sup> / CURRENT/ACTING <sup>Warden</sup> /  
 1 C.W. Finn / Sir Moore / Dept. Vocational Institute - Tracy Ca 95378-90  
 2 Candace Collins, John Hall, Diane Grey, Rebecca I. Parole, Jackson Ca  
 3 Dr. E. Fox H.C.M. ADA DVI Medical Clinic  
 4

### III. Statement of Claim.

5 State here as briefly as possible the facts of your case. Be sure to describe how each  
 6 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
 7 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
 8 separate numbered paragraph.  
 9

10 C.W. Finn I WAS DENIED ACCESS TO MEDICAL RELIEF  
 11 OF SEVERELY BROKEN HAND, BY UNLOCK-PROCESS FOR MEDICATION AND  
 12 MEDICAL TREATMENT 6-1-05 TO 6-08-08 RACIAL LOCK-DOWN, CANDACE  
 13 COLLINS - PAROLE AGENT - JACKSON PAROLE AGENT "DEN ONE" JOHN HALL  
 14 DIANE GREY <sup>SUPERVISOR</sup> DUE TO INJURY - I WAS REVOKED OF PAROLE,  
 15 - AND CONTINUOUS REVOCATIONS DUE TO RETALIATION AND DENIAL OF  
 16 RESPONSIBILITY OF PAROLEE/INMATE LOPEZ 6-1-05 TO 6-08-08  
 17 DENIAL OF ANY RESPONSIBILITY TO THE HEALTH AND WELFARE OF INMATE  
 18 LOPEZ - BY REVOCATION AND RETALIATION. DR. FOX DVI TRACT H.C.M.  
 19 MEDICAL CLINIC - FAULTY PRACTICES AND PROCEDURES THAT FURTHER  
 20 RISKED THE HEALTH OF INMATE LOPEZ AND RESULTED IN AMPUTATION  
 21 OF INMATE LOPEZ'S LIMB. RIGHT HAND MIDDLE FINGER  
 22

### IV. Relief.

23 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
 24 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.  
 25

26 TO FIND THEIR MOTION OF DISCOVERY - BY UNANIMOUS FAVOR OR  
 27 TRIAL  
 28

1 by JURY, that ALL actions of Wrong Doing And Malice  
2 of Correctional Staff, Medical Parole Region #1 be duly  
3 found Responsible, And be dealt with in Accordance  
4 in their Official and Unofficial Capacity in the Court of Law  
5 And Hold ALL those named and others fully Liable for actions rendered.  
I declare under penalty of perjury that the foregoing is true and correct.

6  
7 Signed this 29<sup>th</sup> day of June 20 08

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10 (Plaintiff's signature)  
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Erik Lopez

(your name)

K99196

(CDC #)

P.O. Box 600

Tracy, CA 95378-0600

In Pro per

CW. Finn S.R. Moore - DUI

De-fot - HCM - Malt

Candace Collins John Hall

Diane Gley - Jackson Perols

CASE NO. \_\_\_\_\_

**PROOF OF SERVICE BY MAIL**

I am a citizen of the United States and a resident of the state of California. I'm incarcerated in a California Prison. I'm over the age of 18 years, and a party to the within action.

I served the following document to each of the persons named below at the address shown. By placing a true copy in a sealed envelope with postage fully prepaid in the U.S. Mail at the Institutional mailroom.

**DOCUMENT:**

**PARTIES SERVED:**

I declare under penalty of perjury the above statements are true and correct. This document executed on the 31 Day of July 2008, in the city of Tracy, San Joaquin County, California. By: Erik Lopez print your name

SIGNED: \_\_\_\_\_

JS 44 - CAND (Rev. 11/04)

**CIVIL COVER SHEET**

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I.(a) PLAINTIFFS ERIK ABUILAR LOPEZ

DEFENDANTS

C.W. Finn - DVI INSTITUTE - RETIRED  
S.R. MOORE - WARDEN  
Candace Collins, John Hall, Diane Grey  
REGION #1 PAROLE/DI DO for Medical-DVI

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF San Joaquin  
(EXCEPT IN U.S. PLAINTIFF CASES)COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

## II. BASIS OF JURISDICTION (PLACE AN "X" IN ONE BOX ONLY)

☐ 1 U.S. Government Plaintiff☐ 3 Federal Question  
(U.S. Government Not a Party)☒ 2 U.S. Government Defendant☐ 4 Diversity  
(Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

(For diversity cases only)

Citizen of This State

PTF DEF  
☒ 1 ☐ 1

Incorporated or Principal Place of Business in This State

PTF DEF  
☐ 4 ☐ 4

Citizen of Another State

☐ 2 ☐ 2

Incorporated and Principal Place of Business in Another State

☐ 5 ☐ 5

Citizen or Subject of a Foreign Country

☐ 3 ☐ 3

Foreign Nation

☐ 6 ☐ 6

## IV. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

☒ Original Proceeding☐ Removed from State Court☐ Remanded from Appellate Court☐ Reinstated or Reopened☐ Transferred from Another district (specify)☐ Multidistrict Litigation☐ Appeal to District Judge from Magistrate Judgment

## V. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)

## CONTRACT

- ☐ 110 Insurance  
☐ 120 Marine  
☐ 130 Miller Act  
☐ 140 Negotiable Instrument  
☐ 150 Recovery of Overpayment & Enforcement of Judgment  
☐ 151 Medicare Act  
☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans)  
☐ 153 Recovery of Overpayment of Veteran's Benefits  
☐ 160 Stockholders Suits  
☐ 190 Other Contract  
☐ 195 Contract Product Liability  
☐ 196 Franchise

## TORTS

## PERSONAL INJURY

- ☐ 310 Airplane  
☐ 315 Airplane Product Liability  
☐ 320 Assault Libel & Slander  
☐ 330 Federal Employers Liability  
☐ 340 Marine  
☐ 345 Marine Product Liability  
☐ 350 Motor Vehicle  
☐ 355 Motor Vehicle Product Liability  
☐ 380 Other Personal Injury

## PERSONAL INJURY

- ☒ 362 Personal Injury Med Malpractice  
☐ 365 Personal Injury Product Liability  
☐ 368 Asbestos Personal Injury Product Liability

## PERSONAL PROPERTY

- ☐ 370 Other Fraud  
☐ 371 Truth in Lending  
☐ 380 Other Personal Property Damage  
☐ 385 Property Damage Product Liability

## FORFEITURE/PENALTY

- ☐ 610 Agriculture  
☐ 620 Other Food & Drug  
☐ 625 Drug Related Seizure of Property 21 USC 881  
☐ 630 Liquor Laws  
☐ 640 RR & Truck  
☐ 650 Airline Regs  
☐ 660 Occupational Safety/Health  
☐ 690 Other

## LABOR

- ☐ 710 Fair Labor Standards Act  
☐ 720 Labor/Mgmt Relations  
☐ 730 Labor/Mgmt Reporting & Disclosure Act  
☐ 740 Railway Labor Act  
☐ 790 Other Labor Litigation  
☐ 791 Empl.Ret. Inc. Security Act

## BANKRUPTCY

- ☐ 422 Appeal 28 USC 158  
☐ 423 Withdrawal 28 USC 157

## PROPERTY RIGHTS

- ☐ 820 Copyrights  
☐ 830 Patent  
☐ 840 Trademark

## SOCIAL SECURITY

- ☐ 861 HIA (1395ff)  
☐ 862 Black Lung (923)  
☐ 863 DIWC/DIWW (405(g))  
☐ 864 SSID Title XVI  
☐ 865 RSI (405(g))

## FEDERAL TAX SUITS

- ☐ 870 Taxes (US Plaintiff or Defendant)  
☐ 871 IRS - Third Party 26 USC 7609

## OTHER STATUTES

- ☐ 400 State Reapportionment  
☐ 410 Antitrust  
☐ 430 Banks and Banking  
☐ 450 Commerce/ICC Rates/etc.  
☐ 480 Deportation  
☐ 470 Racketeer Influenced and Corrupt Organizations  
☐ 810 Selective Service  
☐ 850 Securities/Commodities/Exchange  
☐ 875 Customer Challenge 12 USC 3410  
☐ 891 Agricultural Acts  
☐ 892 Economic Stabilization Act  
☐ 893 Environmental Matters  
☐ 894 Energy Allocation Act  
☐ 895 Freedom of Information Act  
☐ 900 Appeal of Fee Determination Under Equal Access to Justice  
☐ 950 Constitutionality of State Statutes  
☐ 890 Other Statutory Actions

## REAL PROPERTY

- ☐ 210 Land Condemnation  
☐ 220 Foreclosure  
☐ 230 Rent Lease & Ejectment  
☐ 240 Torts to Land  
☐ 245 Tort Product Liability  
☐ 290 All Other Real Property

## CIVIL RIGHTS

- ☐ 441 Voting  
☐ 442 Employment  
☐ 443 Housing  
☐ 444 Welfare  
☐ 440 Other Civil Rights  
☐ 445 Amer w/ disab - Empl  
☐ 446 Amer w/ disab - Other  
☐ 480 Consumer Credit  
☐ 490 Cable/Satellite TV

## PRISONER PETITIONS

- ☐ 510 Motion to Vacate Sentence Habeas Corpus:  
☐ 530 General  
☐ 535 Death Penalty  
☐ 540 Mandamus & Other  
☐ 550 Civil Rights  
☐ 555 Prison Condition

## VI. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION DEMAND \$ 2 CHECK YES only if demanded in complaint:  
 UNDER F.R.C.P. 23 JURY DEMAND: ☒ YES ☐ NO

VIII. RELATED CASE(S) IF ANY PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

## IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)

(PLACE AND "X" IN ONE BOX ONLY)

☒ SAN FRANCISCO/OAKLAND☐ SAN JOSE

DATE

SIGNATURE OF ATTORNEY OF RECORD